

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED Date Stamp

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CALIFORNIA  
2001/02  
FORM  
**460**

COVER PAGE

Statement covers period  
from **07/01/2010**  
through **12/31/2010**

Date of election if applicable:  
(Month, Day, Year) **06/08/2010**

Page **1** of **5**  
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
*(Also Complete Part 5)*
- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Primarily Formed Candidate/  
Officeholder Committee  
*(Also Complete Part 6)*
- ☐ Primarily Formed Ballot Measure  
Committee  
☐ Controlled  
☐ Sponsored  
*(Also Complete Part 6)*

**2. Type of Statement:**

- ☐ Pre-election Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
*(Also file a Form 410 Termination)*
- ☐ Amendment *(Explain below)*
- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Pre-election  
Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

**Cliff Numark For Council 2010**

I.D. NUMBER  
**1319020**

**Treasurer(s)**

NAME OF TREASURER

**Kinde Durkee**

MAILING ADDRESS

**1212 S Victory Blvd**

CITY

**Burbank**

STATE

**CA 91502**

AREA CODE/PHONE

**(818) 260-0669**

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

**CA 91502**

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

**Torrance**

STATE

**CA 90503**

AREA CODE/PHONE

**(818) 260-0669**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

**1212 S Victory Blvd**

CITY

**Burbank**

STATE

**CA 91502**

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information furnished is true and correct.

Schedules is true and complete. I certify

Executed on **01/19/2011**

By **Kinde Durkee**

\$0

Executed on **01/19/2011**

By **Cliff Numark**

Signature of Controlling Officer/holder

Executed on \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

# Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE			
<b>Cliff Numark</b>			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
<b>City Council</b>	<b>City of Torrance</b>		
<b>Member</b>			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
	<b>Torrance</b>	<b>CA</b>	<b>90503</b>

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

## 6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

## 7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPOSE

Attach continuation sheets if necessary

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

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# Cliff Numark For Council 2010

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**Column B**  
CALENDAR YEAR  
TOTAL TO DATE

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

7/1 to Date

20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

\$	<u>612.00</u>	\$	<u>49921.23</u>
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### Expenditure Limit Summary for State Candidates

(If Subject to Voluntary Expenditure Limit)

 $d/yy)$ 

11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$	<u>612.00</u>	\$	<u>52381.23</u>
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6

**742.96**

To calculate Column B add

\*Amounts in this section may be different from amounts reported in Column B.

16. **ENDING CASH BALANCE** ..... Add Lines 12 + 13 + 14, then subtract Line 15      \$ 130.96

*If this is a termination statement, Line 16 must be zero.*

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0.00

**0.00**

**See instructions on reverse**

19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$	<u>0.00</u>
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Add Line 2 + Line 9 in Column B above

**FPFC Form 460 (January/05)**  
**FPFC Toll-Free Helpline: 866/ASK-FPFC (866/275-3772)**

# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 07/01/2010  
through 12/31/2010

SCHEDULEE  
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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
**Cliff Numark For Council 2010**

I.D. NUMBER  
**1319020**

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MTG member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (if COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<b>Bank Of America</b>			
1825 Buckeye Rd	WEB		93.40
Phoenix AZ 85072			
<b>Bank Of America</b>			
1825 Buckeye Rd	WEB		9.13
Phoenix AZ 85072			
<b>Durkee &amp; Associates</b>			
1212 S Victory Bl	PRO		334.42
Burbank CA 91502			
<b>SUBTOTAL \$</b>			<b>436.95</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

## Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ **552.00**
- Unitemized payments made this period of under \$100 ..... \$ **60.00**
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ **0.00**
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 612.00**

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I.D. NUMBER  
1319020

CNP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RPD	returned contributions
CTB	contribution (explain nonmonetary)*	OEC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TFS	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Durkee & Associates				
1212 S Victory Bl				
Burbank	CA	91502	PRO	90.00
Durkee & Associates				
1212 S Victory Bl				
Burbank	CA	91502	PRO	25.05

<b>SUBTOTAL \$</b>	<b>115.05</b>
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